one: 803-896-5100 FOR PROCESSING - 2020 September 3 12:45

SCPSC -

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Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 Columbia, SC 29210



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2020-218-E

Individual Complaint Form Instructions and Procedure

SC PUBLIC SERVICE COMMISSION

Please contact the <u>Office of Regulatory Staff (ORS)</u> at 803-737-5230 (Columbia, SC) or 800-922-1531 (toll free) to attempt to informally resolve this issue prior to filing an official complaint with the Commission.

- A. To file an official complaint:
 - 1. Complete the **Complaint Form** found on the Commission's website at www.psc.sc.gov.
 - a.) The form may be completed and e-mailed to contact@psc.sc.gov.
 - b.) Alternatively, a blank copy of the form may be printed, filled out, and then mailed or faxed to the Commission.
 - 2. Individuals do not need to have legal representation to represent themselves before the Commission, but a corporation, partnership, limited liability company, or group of people or association must be represented by legal counsel. Neither the Commission nor the ORS can provide legal advice.
 - 3. If additional documentation is necessary to supplement your complaint, attach it to the form. The Public Service Commission of South Carolina has adopted the same standards regarding protection of personal identifying information as are in place in the various state courts (except Family and Probate Courts). These are set out in Rule 41.2(a) of the South Carolina Rules of Civil Procedure and are listed below:
 - a) Redaction. A person filing a document in paper or electronic format shall not include, or will redact where inclusion is necessary, the following personal identifying information.
 - b) Social Security Numbers, Taxpayer Identification Numbers, Driver's License Numbers, Passport Numbers or Any Other Personal Identifying Numbers. If it is necessary to include personal identifying numbers in a document, the parties should utilize some other identifier. Parties shall not include any portion of a social security number in a filing.
 - c) Names of Minor Children. If a minor is the victim of a sexual assault or the victim in an abuse or neglect case, the minor's name must be completely redacted and a term such as "victim" or "child" should be used. In all other cases, the minor's first name and first initial of the last name (i.e., John S.), or only the minor's initials (i.e., J.S.) should be used.
 - d) Financial Account Numbers, Including Any Type of Bank Account Numbers, Personal Identification Number (PIN) Code, or Passwords. If financial account numbers are relevant, only the last four digits of these numbers should be used.
 - e) Home Addresses of Minors, Sexual Assault and Abuse and Neglect Victims, and Non-Parties. If a home address of a minor, sexual assault victim, or non-party must be included, only the city and state should be used.
 - f) Date of Birth. If a date of birth must be included, only the year of birth should be included.

Individuals who file documents with the Public Service Commission are hereby notified that their filings will be made available to the public on the Commission's searchable Docket Management System. The Public Service Commission assumes no responsibility for redacting personal identifying information from any filings. It is solely the responsibility of the filer to ensure that no personal identifying information is made public by inclusion in his or her filings.

I have read and understand the Public Service	Commission's policy	pertaining to p	orivacy protection for
filings.	00110		

Signature of Filer:

Complete Form, Print, Sign and Mail to:

Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 2: 57



Phone: 803-896-5100 Fax: 803-896-5199

www.psc.sc.gov

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Columbia, SC 29210 -2 alert when Meeting Agendas are released Individual Complaint Form 2020 AUG 26 PM 3: 02 PROCESSING - 2020 September 3 12:45 PM - SCPSC 2020-218-E - Page 2 SC PUBLIC SERVICE Complainant or Legal Representative Information: * Required Fields COMMISSION Kadoshnikui Name * Firm (if applicable) Mailing Address * 29349 City, State Zip * Phone * & uchoo.com Name of Utility Involved in Complaint: 1 Type of Complaint (check appropriate box below.) * Billing Error/Adjustments Deposits and Credit Establishment Wrong Rate Refusal to Connect Service Disconnection of Service Payment Arrangements Water Quality Line Extension Issue Service Issue Meter Issue Other (be specific) Name of Have you contacted the Office of Regulatory Staff (ORS)? * **ORS Contact:** Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.) I am currently in the smart meter opt out program (thank you to allowing customers that are concerned about RF Radiation to have this option). To buy or sell electricity from Oute Energy I will have to get a 6, -directional manufalled on my residence. I have already Spoke with Office of equilibrity Start, Duke Energy & Sun Pro. Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.) I am concerned for my families here the scotty and am asking the public service commission to allow me to have a non communicating .
moneral read meter installed on my residence. I amfine with a telepho concertan from wastroomer charter to be connected and send usage to On BE PUBLISHED ON THE COMMISSION'S WEBSITE (dms.psc.gov), AND I UNDERSTAND SUCH INFO SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE. publish but without my achires ar phone runker complainant's Signature (MUST BE SIGNED, DO NOT PRINT STATE OF SOUTH CAROLINA COUNTY OF Spartanburg Alex Kadoshnikov Internal Use Only verify that I have read my complaint filed on

and know the contents thereof, and that said contents are true.

Complainant's Name *

Complainant's Signature * (MUST BE SIGNED, DO NOT PRINT)

Processed By Date Another option is to have meter installed on my pole and tred in their installed at my residence.

There are many ways of mating this safe. I am asking for this to take place. Thank you, Alex.